

Parks and Recreation

3500 South Rural Road, Tempe, AZ 85282



LadyHawks Fall 2005 Softball League

League Information

- League Dates: September 12 – November 1, 2005
- Ten (10) games plus single elimination tournament.
- Two games per week
- Fee: \$50 per player \$600.00/team minimum
- 12 & UNDER- Play games on Tuesday/Saturday (5 & 6th gr.)
- 14 & UNDER- Play games on Monday/Wednesday (7 & 8 gr.)
- BIRTHDATE IS AGE AS OF: APRIL 30, 2006
- COPY OF BIRTH CERTIFICATE REQUIRED
- No one under 9 years old will be allowed in league
- Two umpires per game. Scorekeeper/Field Supervisor Provided
- Fields Prepared by Parks & Recreation
- Relaxed developmental league atmosphere
- Game time limit: 1:30
- Free substitution Bat all players present



**Fee Assistance
Available for TEMPE
& Guadalupe
Residents**

LadyHawk Softball : MUST MEET AGE REQUIREMENT AS OF 4/30/06

Participant Name: _____	Date of Birth _____	Age _____	Sex _____
Address: _____	APT # _____	City _____	Zip _____
Phone: Eve _____	Day _____	School _____	Grade (In Fall) _____
Parent's Name: _____	Please Circle Class Code:	12 under: LHAWK1D	
		14 under: LHAWK2D	
Coach/ Team Affiliation (Must have prior approval): _____			

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____.

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

REQUIRED: Parent or Legal Guardian Signature AND Printed Name

Date

LadyHawks 2005 Fall Softball TEAM REGISTRATION FORM

(PLEASE PRINT CLEARLY: USE BLACK/BLUE INK ONLY)

TEAM NAME _____

COACH/PERSON IN CHARGE _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE: _____ CELL/MOBILE _____

PAGER/OFFICE PHONE _____ FAX _____ E-MAIL _____

Circle the League you are requesting:	12 & UNDER	14 & UNDER
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Player	Address	City	Grade	Age
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

Rosters must be filled out completely. Roster will be checked for validity purposes. As the representative of my team I have read and agree to all the rules and regulations of the Tempe / East Valley Summer Prep Softball League, and verify to the best of my knowledge that all information given on this form to be true and accurate.

Coaches Signature

Date